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FORM D RECEIVED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

OMB APPRO	OVAL
OMB Number:	3235-0076
Expires:	
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hours per respons	e !16.00

SEC USE	ONLY
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DATE RE	CEIVED
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DEC 2 6 2006 > PURSUANT TO REGULATION D.		efix Serial	┪
PURSUANT TO REGULATION D,			_
SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEM		DATE RECEIVED	7
213 UNIFORM LIMITED OFFERING EXEM	PTION L		ا
Name of Offering (C) check if this is an amendment and name has changed, and indicate change.) Offering of Limited Partnership Interests		<i>;</i>	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE	7	
Type of Filing: New Filing Amendment		DDGG	
A. BASIC IDENTIFICATION DATA		/ PROCES	3FD
Enter the information requested about the issuer		1411.4.0	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)			07 -
Collins Capital Low Volatility Performance Fund I, LP	, "	[HOMSON	J
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Num		<u>(</u>
South Tower, 806 Douglas Road, Suite 570, Coral Gables, Florida 33134	(305) 666-331		• ′
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)		nber (Including Area Co	de)
Brief Description of Business		1	
	_		
Private Investment Partnership			
Type of Business Organization	1		
☐ corporation ☐ limited partnership, already formed ☐ other (p ☐ business trust ☐ limited partnership, to be formed	lease specify):	THE REAL PROPERTY OF THE PROPE	
	<u> </u>	06066106	
Actual or Estimated Date of Incorporation or Organization: ITZ UZ Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)			
GENERAL INSTRUCTIONS		<u></u>	
Rederal:			
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	r Section 4(6), 17 C	FR 230.501 et seq. or 15	U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deeme low or, if received	ed filed with the U.S. Sec at that address after the	ourities . date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	49.	-	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copi	es not manually signed n	nust be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.			
Filing Fee: There is no federal filing fee.			
State:			
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa	les of securities in	those states that have ac	dopted
ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	the exemption, a	fee in the proper amoun	it shall
ATTENTION —			
Failure to file notice in the appropriate states will not result in a loss of the federal ex	emption Conve	ersely, failure to file	the
appropriate federal notice will not result in a loss of an available state exemption unles filling of a federal notice.			

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Ja I of 9

A BASIC DESTRUCCION DATA				21.9
2. Enter the information requested for the following:				
• Each promoter of the issuer, if the issuer has been organized within the past five years;				
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition	n of, 10% or more of	f a class	s of equity securities of t	he issuer.
Each executive officer and director of corporate issuers and of corporate general and management.			•	
Each general and managing partner of partnership issuers.	· · ·	•	•	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	r Director	×	General and/or Managing Partner	
Full Name (Last name first, if individual)				i
Collins Capital Advisors, Inc.				
Business or Residence Address (Number and Street, City, State, Zip Code)				-
South Tower, 806 Douglas Road, Suite 570, Coral Gables, Florida 33134				
Check Box(es) that Apply Promoter Beneficial Owner Executive Officer of General Partner	r 🗍 Director		General and/or Managing Partner	
Full Name (Last name first, if individual)				+
Weaver, Dorothy Collins				
Business or Residence Address (Number and Street, City, State, Zip Code)			<u></u>	
c/o Collins Capital Advisors, Inc., South Tower, 806 Douglas Road, Suite 570, C	oral Gables Flo	rida 2	2124	
				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer of General Partner	_	IJ	General and/or Managing Partner	
Full Name (Last name first, if individual)			<u> </u>	
Collins, Michael J.	•			
Business or Residence Address (Number and Street, City, State, Zip Code)			·	-i
c/o Collins Capital Advisors, Inc., South Tower, 806 Douglas Road, Suite 570, C	Coral Gables, Flo	rida 3	3134	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer of General Partner	Director		General and/or Managing Partner	
Full Name (Last name first, if individual)				
•				
Windhorst, Kent Business or Residence Address (Number and Street, City, State, Zip Code)			•	
	Samul Calabaa The	_: _: ^	2124	
c/o Collins Capital Advisors, Inc., South Tower, 806 Douglas Road, Suite 570, C				1
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	T Director	П	General and/or Managing Partner	
Full Name (Last name first, if individual)				
	•			
Business or Residence Address (Number and Street, City, State, Zip Code)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	<u></u>	General and/or	<u> </u>
		Ц	Managing Partner	
Full Name (Last name first, if individual)	•		<u></u>	
Business or Residence Address (Number and Street, City, State, Zip Code)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director		General and/or Managing Partner	
Full Name (Last name first, if individual)				1
Business or Residence Address (Number and Street, City, State, Zip Code)			. .	
(Use hlank sheet or conv and use additional conies of this	sheet as necessary			1

		(4.1)	新設院		M M P	PORTY ST	ON ABOUT	OFFERI	G Sale				
1.	Has the i	ssuer sold	or does the	e issuer in	tend to sel	l, to non-ac	credited in	vestors in	this offerin	ng?		Yes □	No
	Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?								\$1,00	0,000*				
												Yes	No
3.			ermit joint	-	-							図	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.										İ		
1	If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state												
	or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
F 1			· · · · · ·		intormation	on for that	broker or c		· 				
rui	I Name (L	ast name i	irst, if indiv	viduai)					-				
Bus	iness or R	lesidence A	Address (N	ımber and	Street, Ci	ty, State, Z	ip Code)	· · · · · · · · · · · · · · · · · · ·					
			rgan Keeg		r, Memph	is, TN 381	03						
			ker or Dea										
			mpany, In Listed Has		or Intends	to Solicit I	Purchasers			<u></u>			
Stal			' or check i									[⊠ A]	l States
	(Check	All States	Of Check i	nurviddai	States,	***************************************		********	****************		***************************************	∽	
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		[IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO PA
	MT RI	NE SC	NV SD	[NH]	NJ TX	NM ŪT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PR]
	KI	<u>sc</u> .	נסטן	[114]	шА	[01]	44	(VA)	(#A	** *	لغتن	(** 1)	
Ful	l Name (L	ast name f	irst, if indi	vidual)		_	-						
	•	0 - 11		·	3 St		O- 1-V						
Bus	siness or	Residence	Address (N	umber and	Street, C	ity, State, 2	Lip Code)						
Nai	me of Asse	ociated Br	oker or Dea	ler									-
							<u> </u>						
Sta			Listed Has							•			
	(Check "	'All States	" or check i	ndividual	States)					*************		☐ Ai	1 States
	AL	AK	AZ	AR	CA	CO	CT)	DE	DC	FL	GA	HI	Œ
	TL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	ΙΝJ	NM	NY	NC	ND	ОН	OK.	OR	PA
	RI	SC	SD	TN	TX	UT)	VT	VA	WA	WV	WI]	<u>WY</u>	PR
Ful	ll Name (l	ast name i	first, if indi	vidual)					•				
							=		*				
Bu	siness or	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Cip Code)		;				
Na	me of Ass	ociated Br	oker or Dea	ler									
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Sta			Listed Has										}
	(Check '	'All States	" or check i	ndividual	States)			***************************************		••••		☐ AI	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC '	FL	GA	HI	Ī
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH WW	OK N	OR W	PA
	RI	SC	SD	[TN]	TX	UT	\overline{VT}	VA	WA	(WV)	WI	ŴŶ	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

ι.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	. .	
÷	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s -0-	s -0-
	Equity	s -0-	s -0-
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	s0-	_ s0-
	Partnership Interests	\$2,000,000,00	0* s 40,115,683
	Other (Specify)	s 0	_ so-
ı	Total		0* s 40,115,683
	Answer also in Appendix, Column 3, if filing under ULOE.		•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	1	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	20	<u>\$ 40,115,683</u>
	Non-accredited Investors		_ \$
	Total (for filings under Rule 504 only)		_ s
	. Answer also in Appendix, Column 4, if filing under ULOE.		•
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	-	. \$ <u> </u>
	Regulation A		. s
	Rule 504		. s <u> </u>
	Total		. \$ <u> </u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	D	s -0-
	Printing and Engraving Costs		1 000
	Legal Fees	-	00.000
	Accounting Fees		_
	Engineering Fees	<u>[</u> 2	g s <u>-0-</u>
	Sales Commissions (specify finders' fees separately)	-	
ŗ	Other Expenses (identify) filing fees	<u> </u>	\$ 2,000
	Total		- 22.000
		_	

^{*}The Issuer is offering an unlimited amount of limited partnership interests. The Issuer does not expect to sell in excess of \$2,000,000,000 in limited partnership interests. Actual sales may be significantly lower.

	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted groproceeds to the issuer."	SS 			<u>\$ 1,99</u>	9,977	*000
.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used feach of the purposes shown. If the amount for any purpose is not known, furnish an estimate at check the box to the left of the estimate. The total of the payments listed must equal the adjusted groproceeds to the issuer set forth in response to Part C — Question 4.b above.	ıd					
			Off Direc	ents to icers, tors, & iates	-	yments Others	to
	Salaries and fees	🛛	s	-0-	⊠\$ _	-0-	
	Purchase of real estate	. 🛛	s	-0-	. ⊠ \$_	-0-	
	Purchase, rental or leasing and installation of machinery		_	^		-0-	
	and equipment	_	"	-0-	. ⊠ \$_	-0-	—
	Construction or leasing of plant buildings and facilities	🛛	s	-0-	⊠\$_	-0-1	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	🔯	s	-0-		-0-	
	Repayment of indebtedness			-0-	_	-0-	
	Working capital	_		-0-		,999,9	67,000°
	Other (specify): Registration costs	_		-0-	_	ذ ۔	,000
						1	
		🛛	s _	-0-	. ⊠ \$_	-0-	
	Column Totals			-0-	⊠ \$ <u>1</u> ,	,999,9	77,000°
	Total Payments Listed (column totals added)	••		⋈ \$ <u>1,</u> 9	999,977	,000*	
Į.			沙島				
igı	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comminformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) or	nissio	on, up	on writte			
	lins Capital Low Volatility Performance Fund P	Da		/13/0	6		
lai	me of Signer (Print or Type) Title of Signer (Print or Type)						
1	ENT A. WYUSHORST CFO, Collins Capita	1 A Z	luico	e Inc	ite gana	-al -a	

ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)